

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 OF 156

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Planned Parenthood Advocacy Project Los Angeles County Action Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kilpatrick, Sarah J., , ,**

Mailing Address 230 16th Street

City

Santa Monica

State

CA

Zip Code

90402

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Cedars-Sinai Medical Center

Occupation (for Individual)

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 03 / 2019

**Transaction ID : INCA1171**

Amount of Each Receipt this Period

400.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. King, Michael Patrick, , ,**

Mailing Address 8383 Wilshire Blvd., Suite 500

City

Beverly Hills

State

CA

Zip Code

90211

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Orange Drink Ink

Occupation (for Individual)

TV Producer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 25 / 2019

**Transaction ID : INCA805**

Amount of Each Receipt this Period

7800.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. King, Michael Patrick, , ,**

Mailing Address 8383 Wilshire Blvd., Suite 500

City

Beverly Hills

State

CA

Zip Code

90211

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Orange Drink Ink

Occupation (for Individual)

TV Producer

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 25 / 2019

**Transaction ID : INCA808**

Amount of Each Receipt this Period

17200.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

25400.00

**TOTAL** This Period (last page this line number only)..... ►